



School Principals and Administrators

School principals and administrators have a unique opportunity to help create an environment that enhances students' health and their capacity to learn. This information sheet is designed to provide basic information on eating disorders, how to help promote their early detection, and how to discourage disordered eating.

Why are schools concerned?

Disordered eating affects learning outcomes. The irritability, decreased concentration, nausea, headaches, and malaise that often accompany disordered eating have a negative effect on students' learning. As preoccupation with food takes over, a student may retreat from social activities; lose interest in school work, family, and friends; and feel lonely, alienated, and disconnected from society.

The problem of eating disorders is a mental health as well as a physical health issue. Eating disorders are associated with emotional problems and poor eating behaviors. These disorders are also closely related to many other health-related issues, such as depression, low self-esteem, physical and sexual abuse, substance abuse, and problems at home or with peers.

Younger children are developing eating disorders. Children ages 7 to 13 years are being referred to eating disorder clinics in greater numbers, particularly in the last 5 years.¹ This increase is due both to heightened awareness of the signs and symptoms of eating disorders and to their increasing incidence.

Students of all ethnic and cultural groups are vulnerable to developing eating disorders. Although rates of anorexia are higher among Caucasian girls, recent research indicates that eating disorders occur among girls of all ethnic and cultural groups. In addition, hundreds of thousands of boys and men are

also experiencing this problem. Other information sheets in this packet address how eating disorders affect boys as well as different ethnic and cultural groups.

"Schools need to designate one person to be the contact person for a possible eating disorder. Our main problem is that we don't know who to go to. The principal needs to decide who our resource person will be."

—Barbara Hartigan, middle school teacher,
West Hartford, Connecticut

What can you do?

Designate someone to be your school's eating disorders resource person. The resource person could be a nurse, counselor, classroom teacher, or another member of your staff who has shown great interest in enhancing the health of students. Encourage your designated resource person to:

- ◆ Seek continuing education and stay up to date on all aspects of these disorders.
- ◆ Gather a list of local resources and specialists in eating disorders.
- ◆ Arrange educational programs for teachers, parents, and students.

Establish policies that ensure immediate referral of students for medical consultations. The early detection of an eating disorder is important to increase the likelihood of successful treatment and recovery. Consider developing a protocol that helps personnel identify and refer students with warning signs to professionals.

Promote a safe school environment: Refuse to allow size and sexual discrimination, harassment, teasing, or name calling. Size prejudice hurts all students.



Overweight students often experience psychological stress and discrimination, while naturally thin students may feel that they are valued only for their appearance.

Initiate self-awareness and discussion activities.

Encourage teachers to assess their own attitudes about weight. They may be inadvertently modeling body dissatisfaction or encouraging dieting. Create groups to identify problems and develop schoolwide policies and activities that promote a healthy school culture.

Make attractive and nutritious foods more available.

Advocate for nutritious cafeteria meals and healthy vending machine choices. Recommend to teachers that field trips include nutritious snacks.

Be creative. Develop initiatives that reflect your students' specific needs. For example, a school that includes ethnically diverse students and teachers may require culturally sensitive materials on eating disorders. If your school has sports teams, you may wish to direct specific initiatives to players and coaches.

Resources

Included in the BodyWise Information Packet is a list of resources selected specifically for middle school personnel.

Educational Organizations

The National Women's Health Information Center
Tel: (800) 994-9662; Web site: www.4woman.gov

Girl Power!
Tel: (800) 729-6686; Web site: www.health.org/gpower

American Anorexia/Bulimia Association
Tel: (212) 575-6200; Web site: www.aabainc.org

National Association of Anorexia Nervosa and Associated Disorders
Tel: (847) 831-3438
Web site: www.anad.org

Eating Disorders Awareness and Prevention, Inc.
Tel: (206) 382-3587; Referral Hotline: (800) 931-2237
Web site: www.edap.org

Harvard Eating Disorders Center
Tel: (617) 236-7766; Web site: www.hedc.org

Massachusetts Eating Disorder Association, Inc.
Tel: (617) 558-1881; Web site: www.medainc.org

Pennsylvania Educational Network for Eating Disorders
Tel: (412) 366-9966; E-mail: PENED1@aol.com

Center for Media Literacy
Tel: (800) 226-9494; Web site: www.medialit.org

Definitions

Anorexia nervosa is self-starvation. People with this disorder eat very little even though they are thin. They have an intense and overpowering fear of body fat and weight gain.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or taking laxatives or diuretics (water pills). People with bulimia have a fear of body fat even though their size and weight may be normal.

Overexercising is exercising compulsively for long periods of time as a way to burn calories from food that has just been eaten. People with anorexia or bulimia may overexercise.

Binge eating disorder means eating large amounts of food in a short period of time, usually alone, without being able to stop when full. The overeating or bingeing is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.

Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

End Notes

¹ Brownell KD, Fairburn, CG. (eds.). *Eating Disorders and Obesity*. New York: Guilford Press, 1995.